Arundel Ambulatory Surgery Center

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MEDICATION LIST

All prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids, diet pills), herbals (examples: ginseng, gingko), vitamins and birth control medications. Include medications taken as needed (example: nitroglycerin, inhalers).

Allergies Experienced (including medications, food and latex)							(Signs & Symptoms)			
Home Medication List Home Medication List as provided by Patient	Dose	Frequency	Instructions Day of Surgery			Surgery cation	Discharge Instructions			
			Take	Do Not Take	Dat	te of Dose		Continue After Discharge		
				Take	Dast	Dosc				
								*		
History Taker Signature	otions				Physic	ian Signatur				
Given at Discharge			Do	Dose		Frequency		Reason for Taking		
Special Medication Instructions										
Doctor's Instructions										
PLEASE TAKE	THIS N	MEDICAT	ION L	IST WI	TH YC	OU WHE	N YOU	VISIT YOUR DOCTOR		
Patient/Legal Representative Signature								Date		
					dication	ns, please	e contac	et your prescribing physician.		
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White-Chart Copy Yellow-Patient Copy Pink-Primary Care Physician AASC40 (5/08)						Patient Label				